

Single Beat Pattern

Fig.: 1

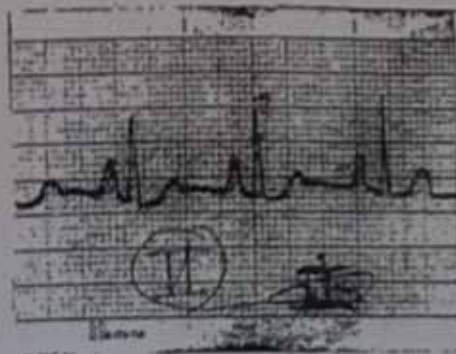


Fig.: 2

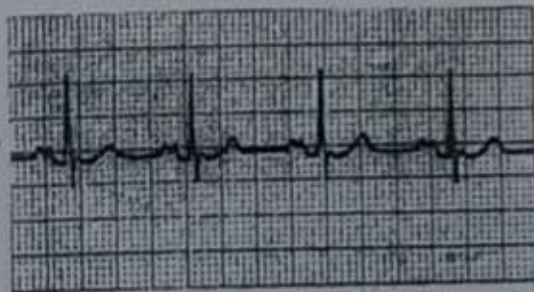


Fig.: 3

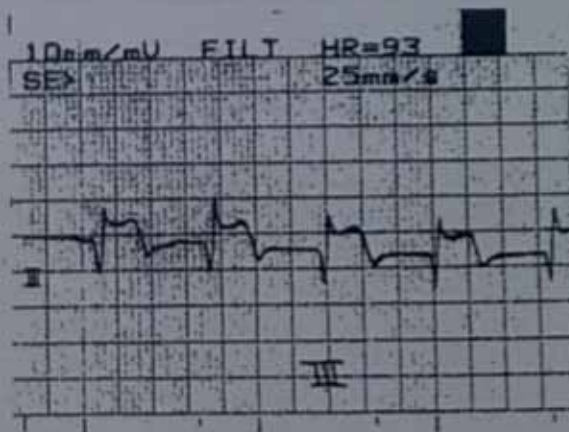
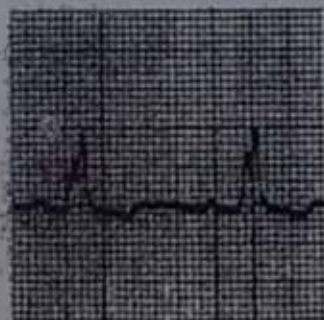


Fig.: 4



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Rhythm strip



Fig: 5

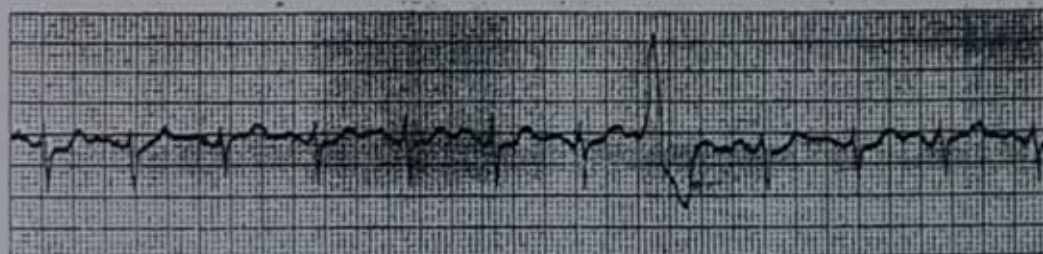


Fig: 6

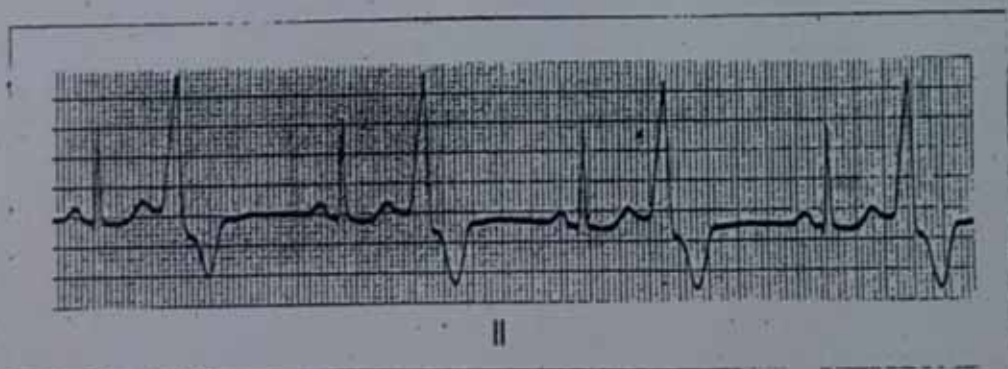


Fig: 7

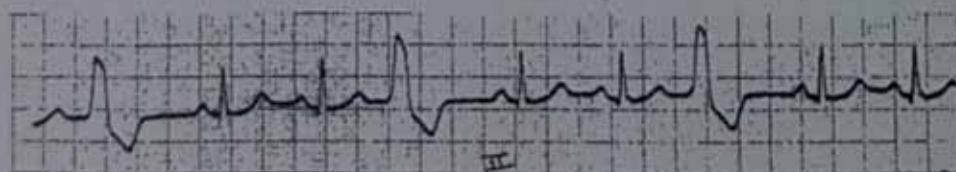


Fig: 8



Lead II

Fig. : 9

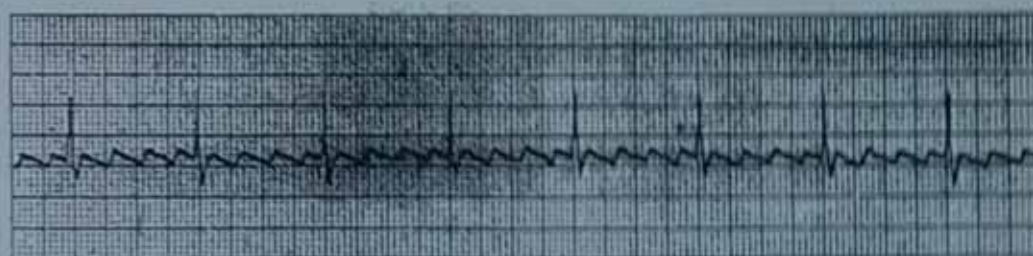


Fig. : 10

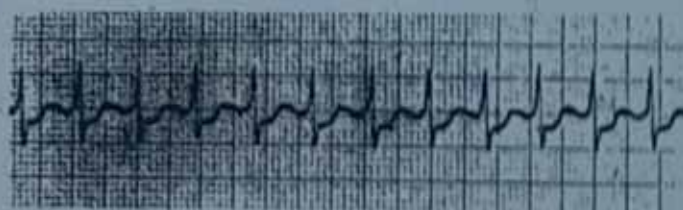


Fig. : 11



Fig. : 12

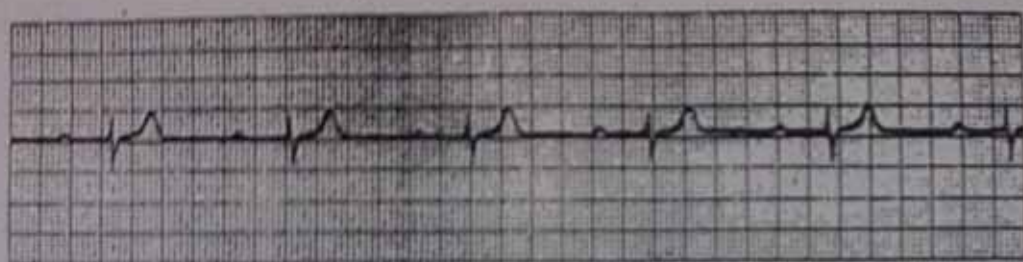


Fig. 13



Fig. 14

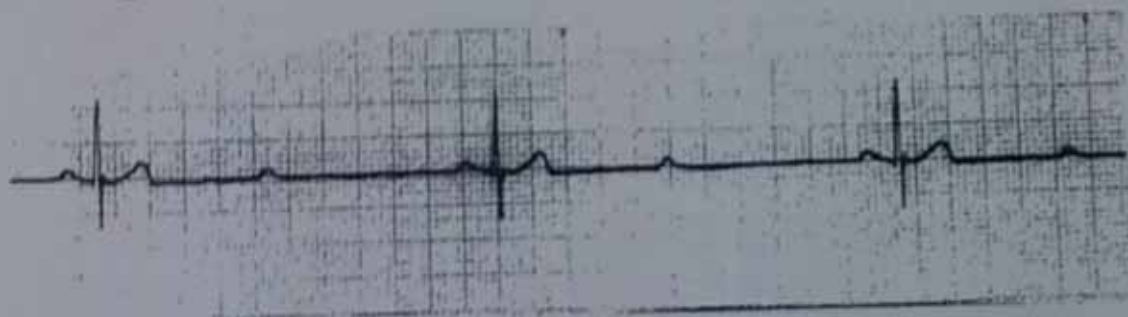


Fig. 15

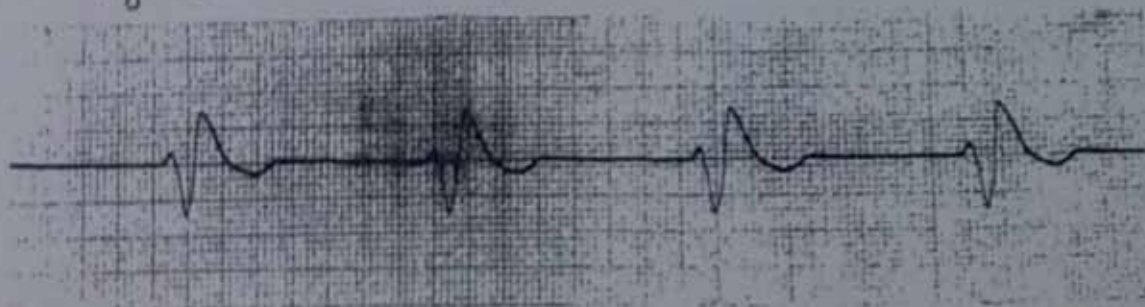


Fig. 16

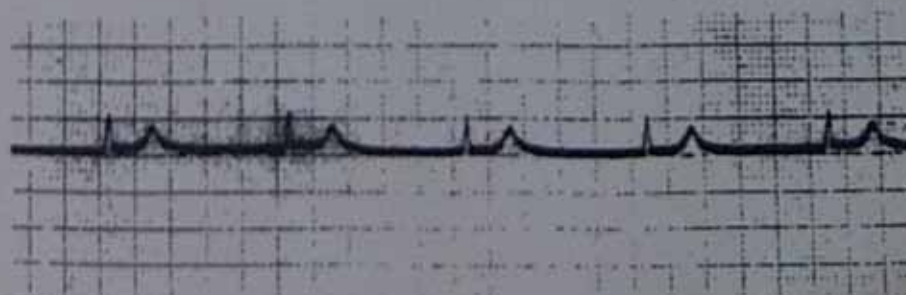


Fig. 17

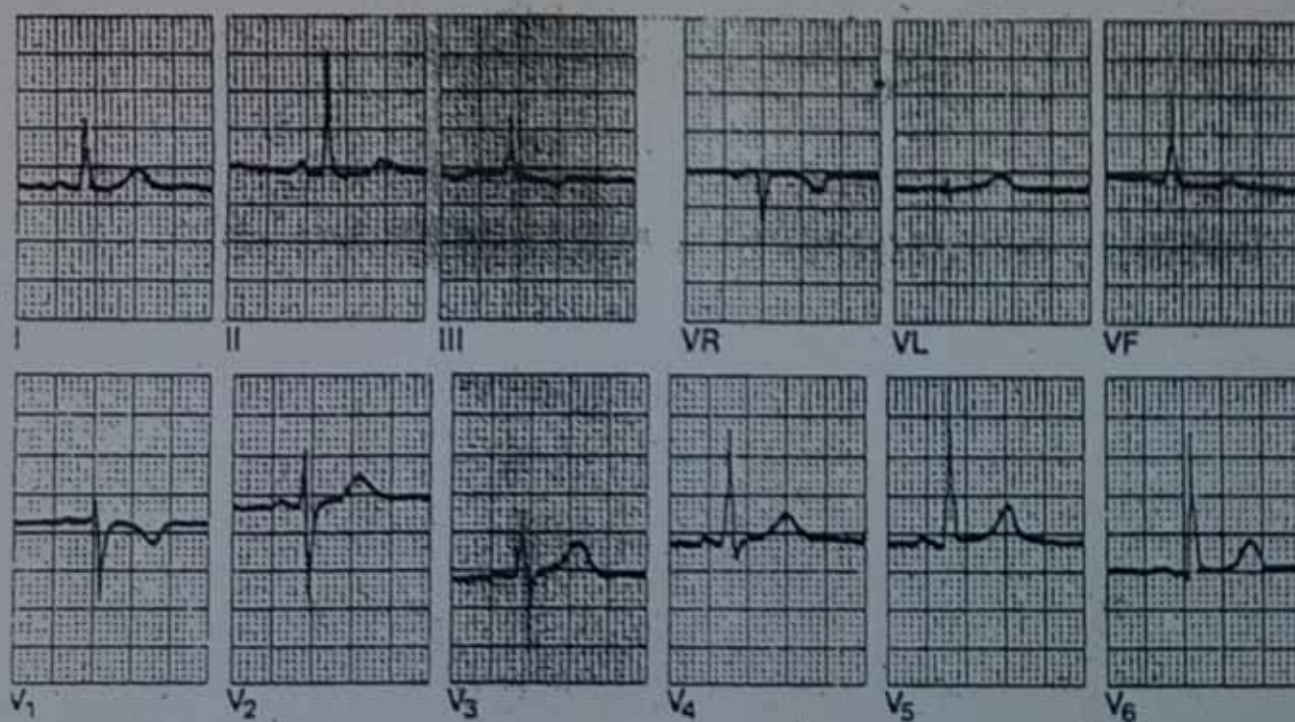


Fig. 18

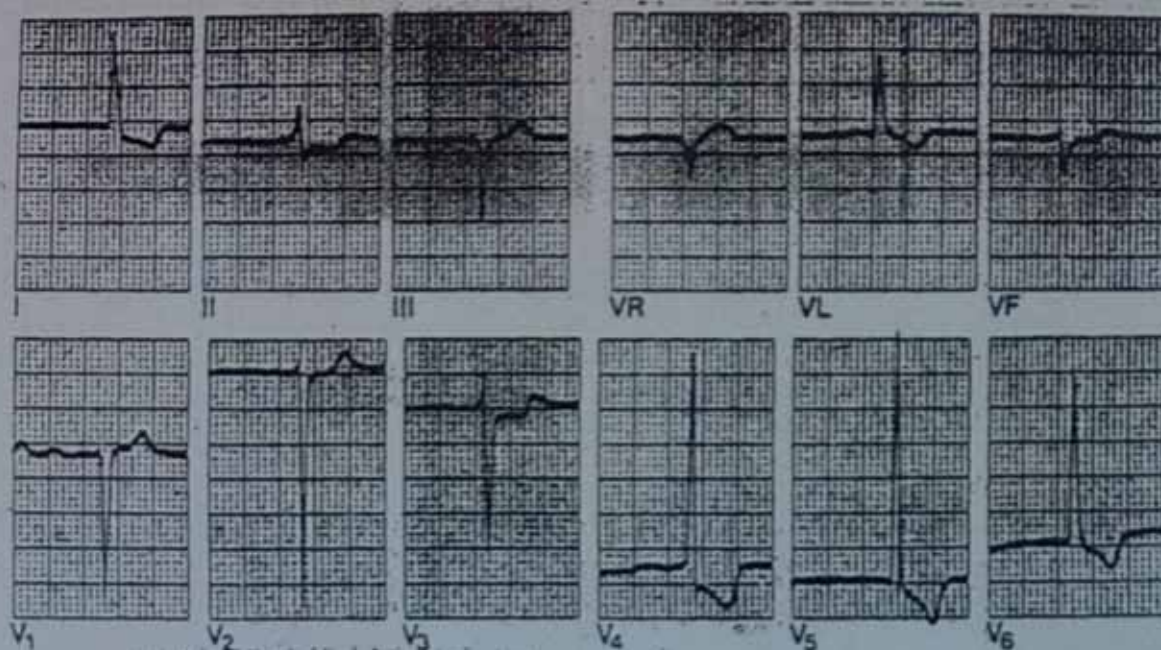


Fig. 19

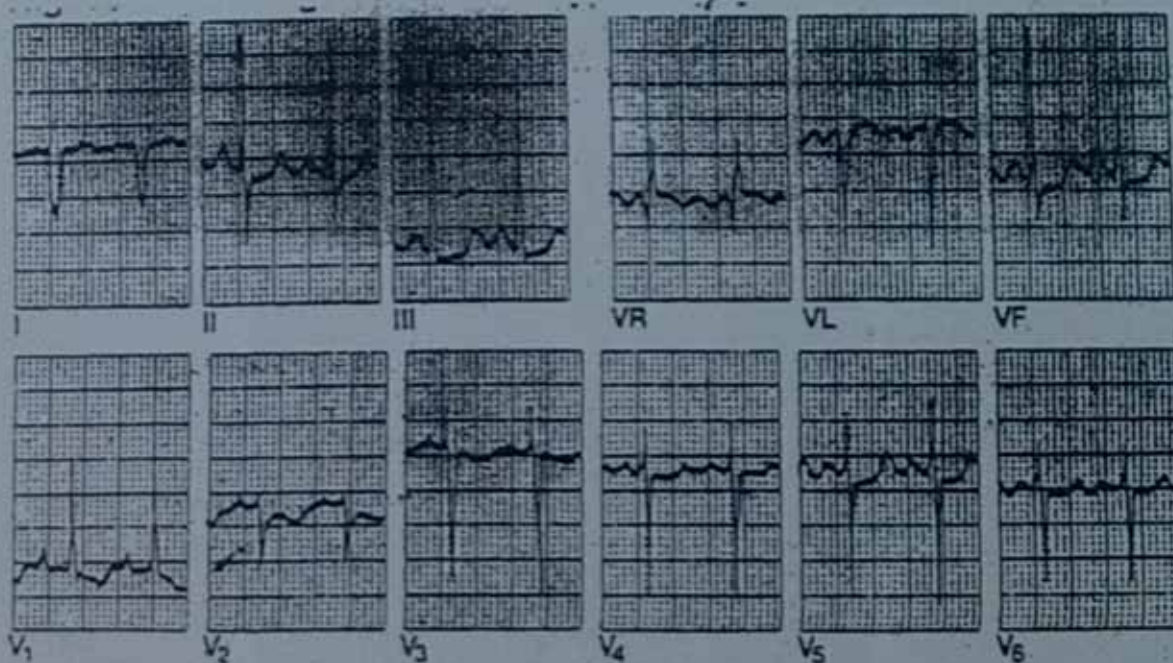


Fig. 20

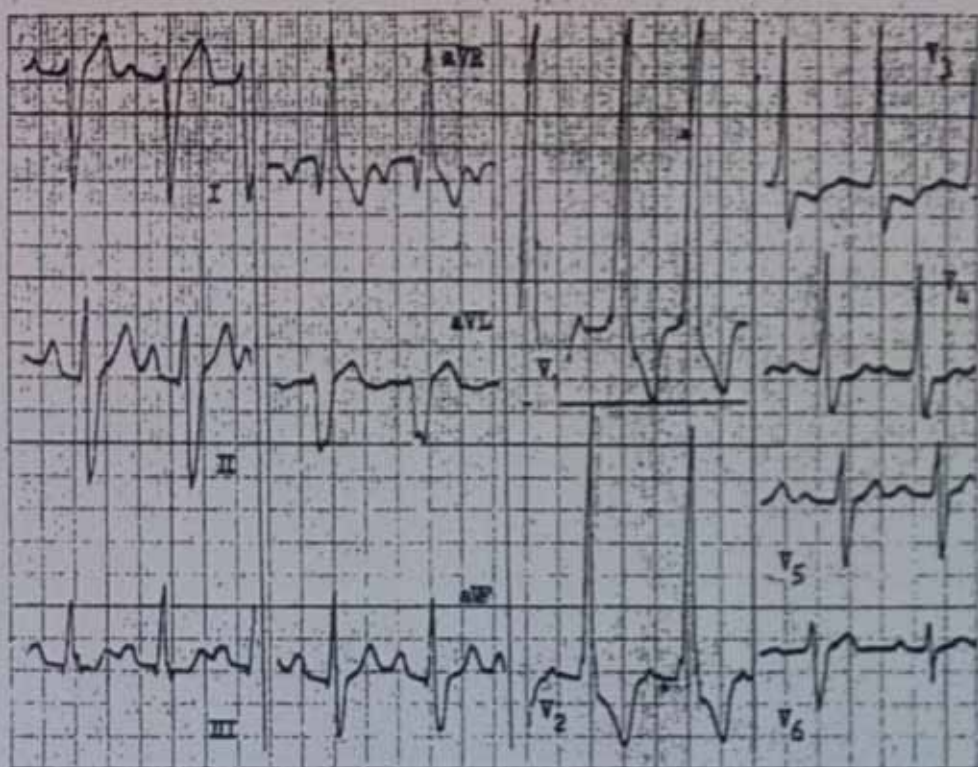


Fig. 21

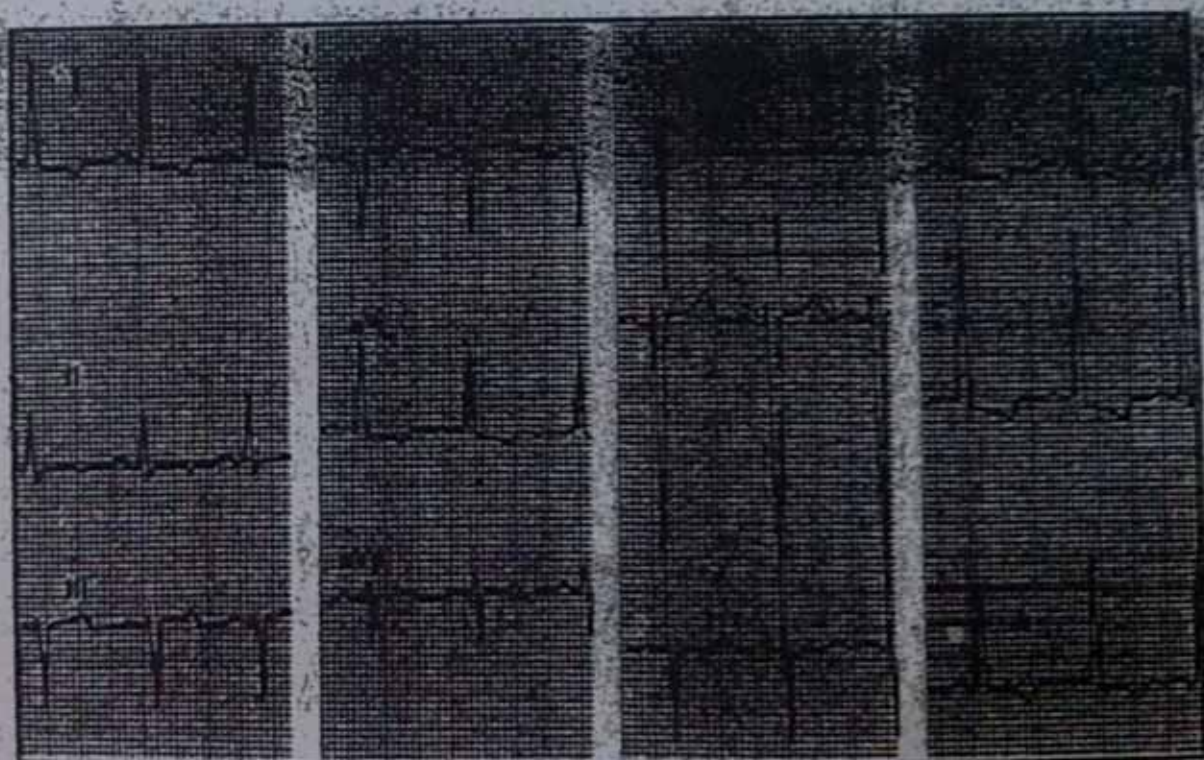


Fig. 22

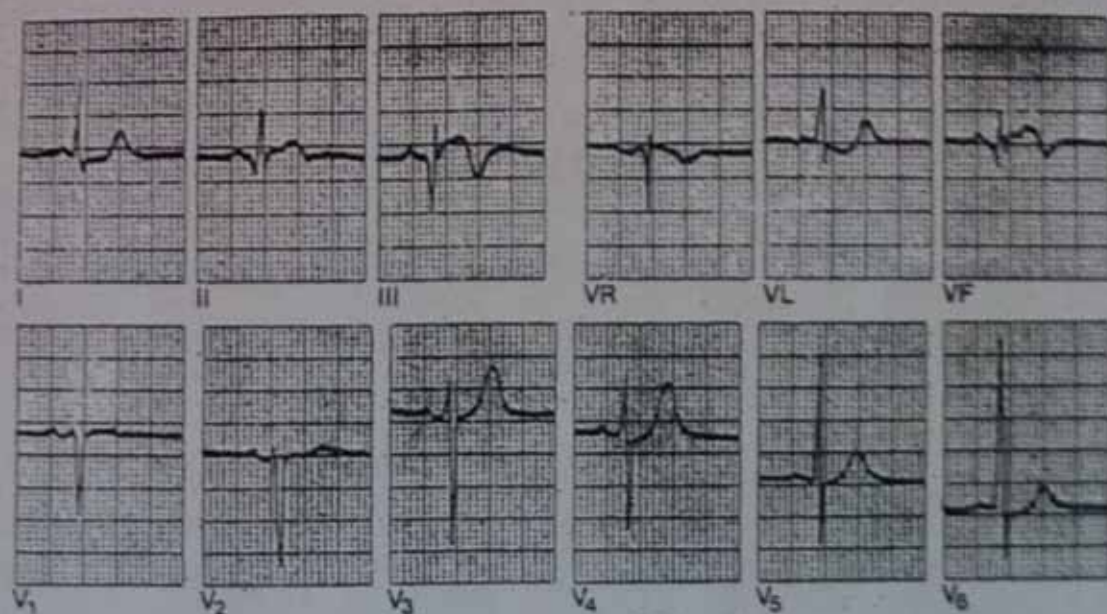


Fig. 23

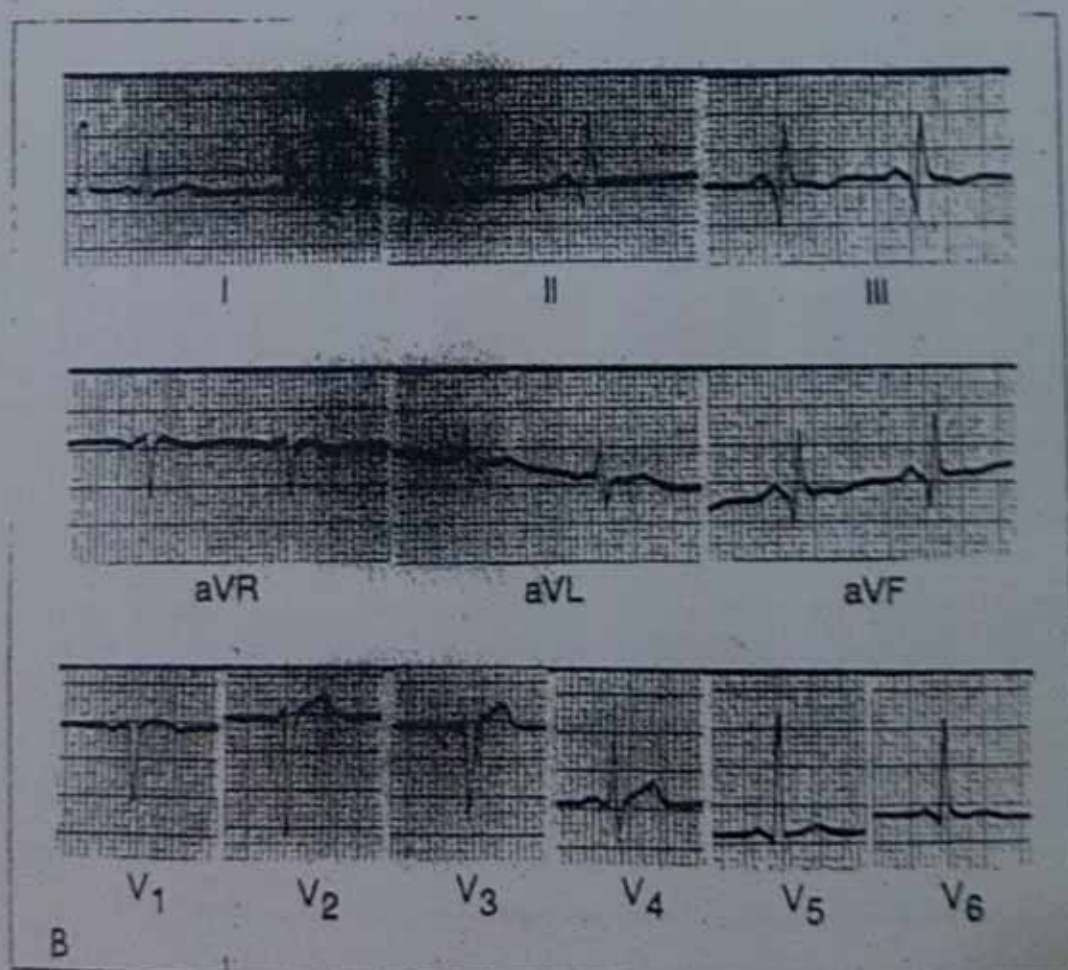


Fig. 24

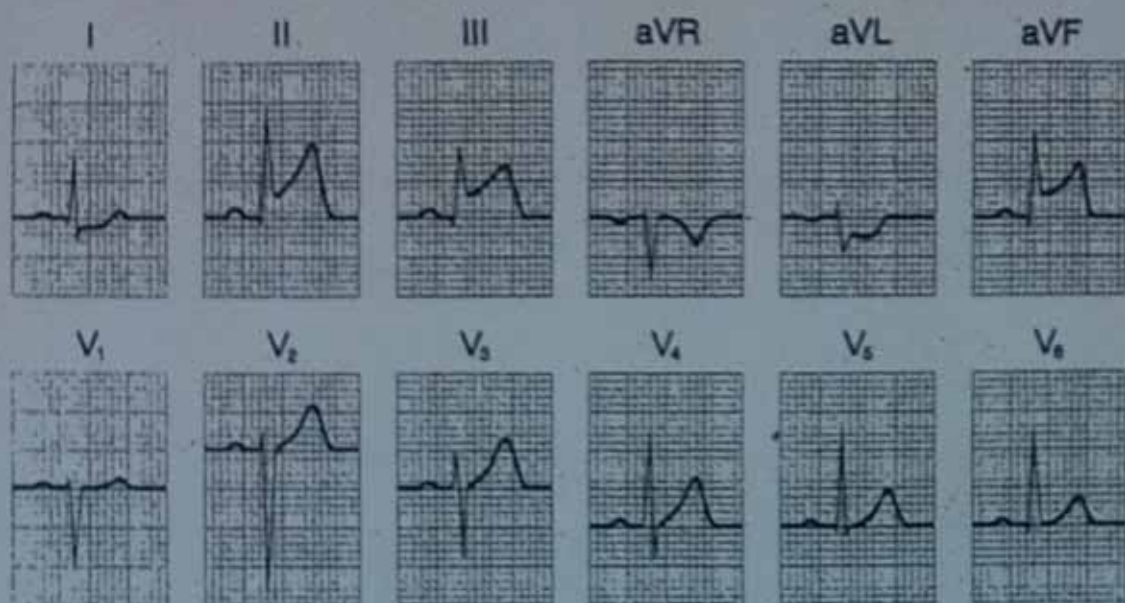


Fig. 25

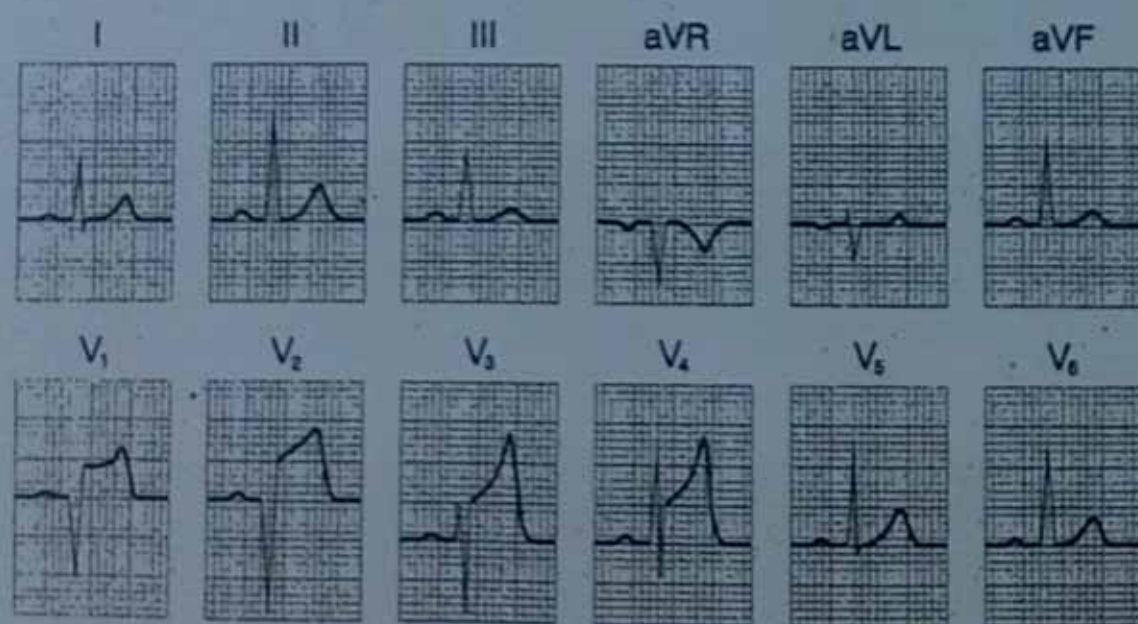


Fig. 26

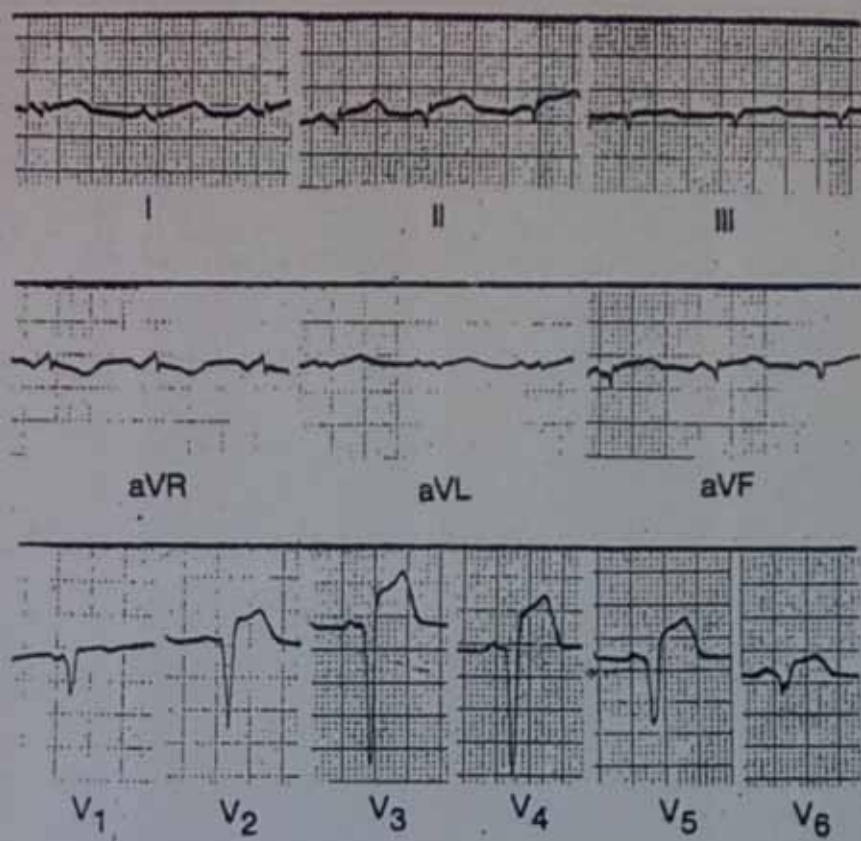


Fig. 27

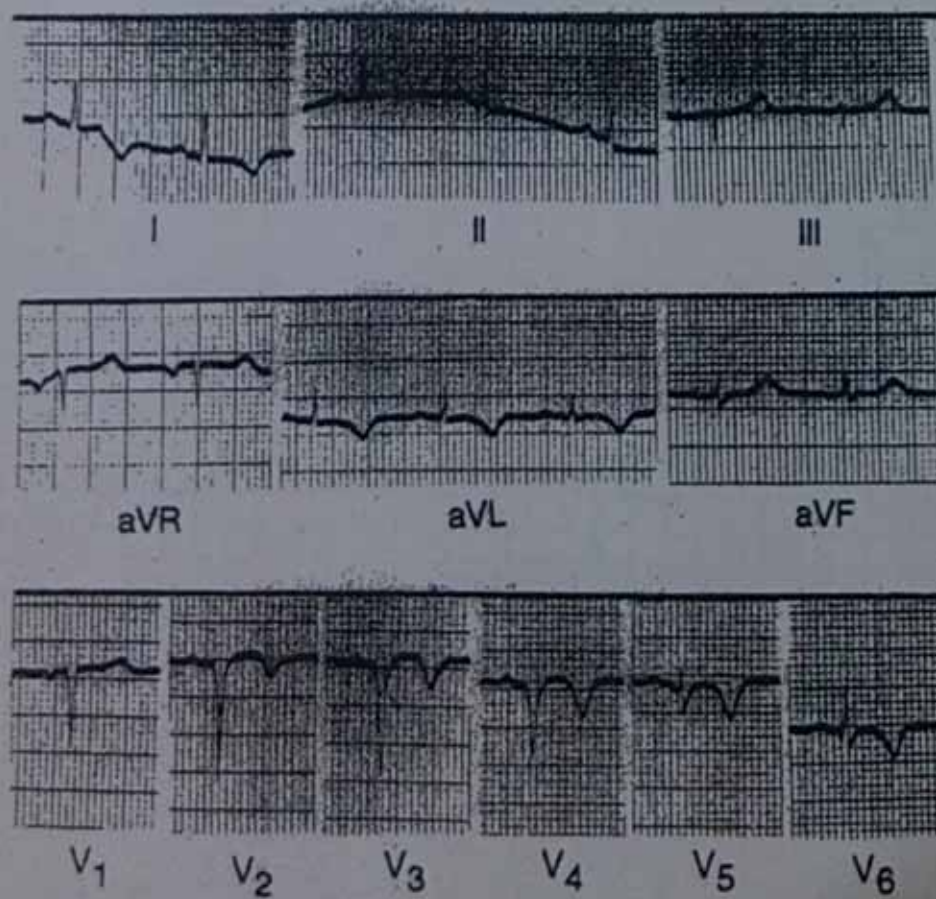


Fig. 28

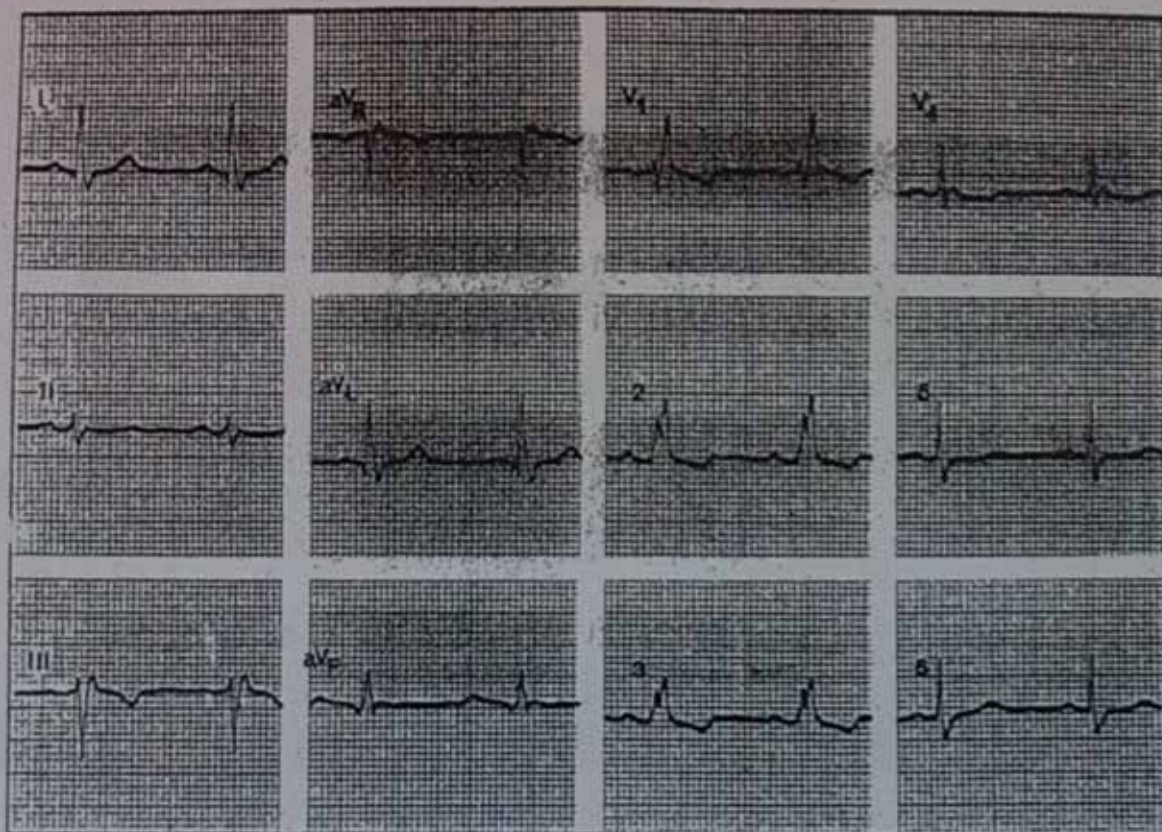


Fig. 29

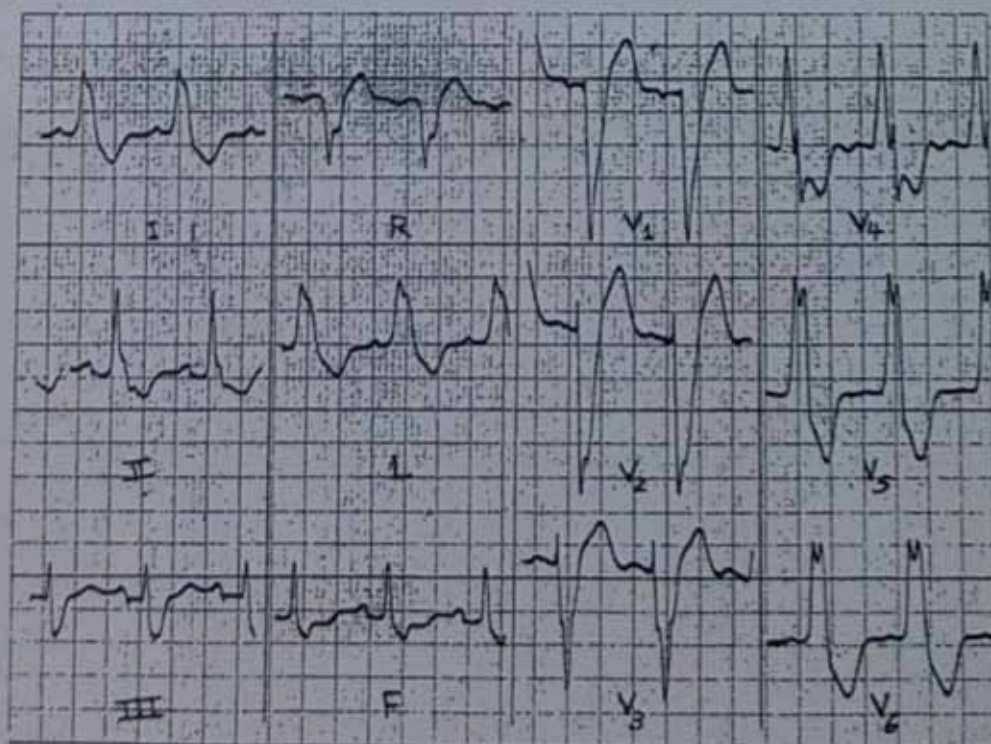


Fig. 30

Answers :		
	شايف ايه	The Dx.
- Fig. 1	P pulmonale طويلة ومدببة	Rt. Atrial Enlargement
- Fig. 2	P mitrale بورنيطة	Lt. Atrial Enlargement
- Fig. 3	Q: عميقة ... T: Inverted	Recent Infarction Pattern (Most Probably Inferior; II, III, aVF)
- Fig. 4	RSR'	BBB Pattern
- Fig. 5		Supra- Vent. Extra-Systole
- Fig. 6		Vent. Extra-Systole
- Fig. 7	Pulsus Bigeminus (ECG عامله راسها ب راس الـ) Rhythm: Regular Irregularity	Vent. Extra-Systole
- Fig. 8	Pulsus Trigeminus	Vent. Extra-Systole (2:1)
- Fig. 9	Coarse Fibrillatory Waves + (Absent P Wave) P ديه مش	A.F.
- Fig. 10	Absent P Wave .. Replaced by Flutter Waves	Atrial Flutter (Fixed Block 4:1)
- Fig. 11		S.V.T.
- Fig. 12		Ventricular Tachycardia (V-tach)
- Fig. 13	P-R: Fixed Prolonged	Sinus Bradycardia è 1AVB
- Fig. 14	Progressive Prolongation of P-R (Mobitz Type I)	Variable 2AVB
- Fig. 15		Fixed 2AVB 2:1
- Fig. 16	Ventricular Escape Rhythm	3AVB
- Fig. 17		Mid-Nodal Rhythm
- Fig. 18	N.B. Inverted T should be in All Leads or according to Topography to be Dx. (unless that it's Normal Variant)	NORMAL ECG
- Fig. 19	Lt. Axis Deviation + Absent P & Inverted T	Lt. Vent. Hypertrophy è Strain
- Fig. 20	Rt. Axis Deviation , Regular Tachycardia	Sinus Tachycardia
	V1: Reversal of Normal	Rt. Vent. Hypertrophy è Strain
- Fig. 21	1- Rt. Axis Deviation منتظم 2- II : pulmonale → Rt. Atrium Hypertrophy 3- Rt. Vent. Hypertrophy ± RBBB	هو اللي يقدر يعمل الـ 3 كلهم مع بعض ASD
- Fig. 22	Lt. Axis Deviation منتظم	Lt. Vent. Hypertrophy è Strain
- Fig. 23	Normal Axis Q in Lead II, III, aVF = Inferior Infarction T Wave : Hyperacute = Recent Lt. Vent. Hypertrophy	
- Fig. 24		Acute Inferior Infarction
- Fig. 25		Old Inferior Infarction
- Fig. 26		(Acute or Recent) Antro-Septal Infarction or Acute Passing into Recent Infarction
- Fig. 27		Antro-Septal Infarction + Antro-Lateral Ischemia
- Fig. 28	Absent R وحشة خالص	Recent Extensive Anterior Infarction + Old Infarction
- Fig. 29		RBBB "أفكر دكتور إيهاب (: ASD"
- Fig. 30	RSR' in V5 & V6	LBBB زي الفريك ما يحبس شريك